

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

Community Care Plan

NAIC Group Code

0000

(Current Period)

0000

(Prior Period)

NAIC Company Code

52619

Employer's ID Number

38-3128143

Organized under the Laws of

Michigan

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[]

Property/Casualty[]

Hospital, Medical & Dental Service or Indemnity[]

Dental Service Corporation[]

Vision Service Corporation[]

Health Maintenance Organization[X]

Other[]

Is HMO Federally Qualified? Yes[] No[X]

Date Incorporated or Organized

07/27/1993

Date Commenced Business

06/01/1996

Statutory Home Office

2100 Raybrook Drive S.E.

(Street and Number)

Grand Rapids, MI 49546

(City, or Town, State and Zip Code)

Main Administrative Office

2100 Raybrook drive S.E.

(Street and Number)

Grand Rapids, MI

(City or Town, State and Zip Code)

(616)252-4542

(Area Code) (Telephone Number)

Mail Address

P.O. Box 7069

(Street and Number or P.O. Box)

Grand Rapids, MI 49510-7069

(City, or Town, State and Zip Code)

Primary Location of Books and Records

2100 Raybrook Drive S.E.

(Street and Number)

Grand Rapids, MI 49546

(City, or Town, State and Zip Code)

(616)252-4542

(Area Code) (Telephone Number)

Internet Website Address

ww.communitycareplan.org

Statutory Statement Contact

Keith Sherwood

(Name)

Keith.Sherwood@metrogr.org

(E-Mail Address)

(616)252-4592

(Area Code)(Telephone Number)(Extension)

(616)252-4550

(Fax Number)

Policyowner Relations Contact

(Street and Number)

(City, or Town, State and Zip Code)

(Area Code) (Telephone Number)(Extension)

OFFICERS

President Keith Sherwood

Secretary Frank E Belsito DO

Treasurer William R Baxter

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

William C Cunningham DO

Frank E Belsito DO

Robert O Smedes

Michael Faas

State of Michigan

County of Kent ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

Keith Sherwood

(Printed Name)

President

(Signature)

William R Baxter

(Printed Name)

Treasurer

(Signature)

(Printed Name)

Subscribed and sworn to before me this

day of , 2004

a. Is this an original filing?

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
	NONE					
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ..	.....	.....	.....	.....	.....	.....

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
State of Michigan	16,831					16,831
PBM Vendor	401,634					401,634
0499999 Total - Receivables not individually listed						
0599999 Health care receivables	418,465					418,465

EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						1,198,936
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid						1,198,936
0899999 Accrued Medical Incentive Pool and Bonus Amounts

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 Total gross amounts receivable

NONE

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Metropolitan Hospital		120,426	120,426	
0199999 Total - Individually listed payables	X X X	120,426	120,426	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	120,426	120,426	

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	2,920,766	6.441	360,151	100.000	2,920,766	
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	2,920,766	6.441	360,151	100.000	2,920,766	
Other Payments:							
5.	Fee-for-service	6,330,723	13.960	X X X	X X X		6,330,723
6.	Contractual fee payments	13,430,510	29.616	X X X	X X X	13,430,510	
7.	Bonus/withhold arrangements - fee-for-service	3,830	0.008	X X X	X X X		3,830
8.	Bonus/withhold arrangements - contractual fee payments	22,663,166	49.975	X X X	X X X	22,663,166	
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	42,428,229	93.559	X X X	X X X	36,093,676	6,334,553
13.	Total (Line 4 plus Line 12)	45,348,995	100.000	X X X	X X X	39,014,442	6,334,553

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	66,277	.....	30,596	.....	35,681	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	Total	66,277	.....	30,596	.....	35,681	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 52619

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	38,375								38,375				
2. First Quarter	39,974								39,974				
3. Second Quarter	40,167								40,167				
4. Third Quarter	40,067								40,067				
5. Current Year													
6. Current Year Member Months	360,151								360,151				
Total Member Ambulatory Encounters for Year:													
7. Physician	92,231								92,231				
8. Non-Physician	3,127								3,127				
9. Total	95,358								95,358				
10. Hospital Patient Days Incurred	7,054								7,054				
11. Number of Inpatient Admissions	2,104								2,104				
12. Health Premiums Collected	46,928,595								46,928,595				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	46,029,519								46,029,519				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	45,348,995								45,348,995				
18. Amount of Incurred for Provision of Health Care Services	40,317,956								40,317,956				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

35 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 52619

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	38,375								38,375				
2. First Quarter	39,974								39,974				
3. Second Quarter	40,167								40,167				
4. Third Quarter	40,067								40,067				
5. Current Year													
6. Current Year Member Months	360,151								360,151				
Total Member Ambulatory Encounters for Year:													
7. Physician	92,231								92,231				
8. Non-Physician	3,127								3,127				
9. Total	95,358								95,358				
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12. Health Premiums Collected	46,928,595								46,928,595				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
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16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	45,348,995								45,348,995				
18. Amount of Incurred for Provision of Health Care Services	40,317,956								40,317,956				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

35 Michigan

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	.....
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10 .....	.....
2.2	Totals, Part 3, Column 7 .....	.....
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	.....
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	.....
4.2	Totals, Part 3, Column 9 .....	.....
5.	Total profit (loss) on sales, Part 3, Column 14 .....	.....
6.	Increase (decrease) by foreign exchange adjustment .....	.....
6.1	Totals, Part 1, Column 11 .....	.....
6.2	Totals, Part 3, Column 8 .....	.....
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 .....	.....
8.	Book/adjusted carrying value at the end of current period .....	.....
9.	Total valuation allowance .....	.....
10.	Subtotal (Lines 8 plus 9) .....	.....
11.	Total nonadmitted amounts .....	.....
12.	Statement value, current period (Page 2, real estate lines, current period) .....	.....

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	.....
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	.....
2.2	Additional investment made after acquisitions .....	.....
3.	Accrual of discount and mortgage interest points and commitment fees .....	.....
4.	Increase (decrease) by adjustment .....	.....
5.	Total profit (loss) on sale .....	.....
6.	Amounts paid on account or in full during the year .....	.....
7.	Amortization of premium .....	.....
8.	Increase (decrease) by foreign exchange adjustment .....	.....
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	.....
10.	Total valuation allowance .....	.....
11.	Subtotal (Lines 9 plus 10) .....	.....
12.	Total nonadmitted amounts .....	.....
13.	Statement value of mortgages owned at end of current period .....	.....

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	.....
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	.....
2.2	Additional investment made after acquisitions .....	.....
3.	Accrual of discount .....	.....
4.	Increase (decrease) by adjustment .....	.....
5.	Total profit (loss) on sale .....	.....
6.	Amounts paid on account or in full during the year .....	.....
7.	Amortization of premium .....	.....
8.	Increase (decrease) by foreign exchange adjustment .....	.....
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	.....
10.	Total valuation allowance .....	.....
11.	Subtotal (Lines 9 plus 10) .....	.....
12.	Total nonadmitted amounts .....	.....
13.	Statement value of long-term invested assets at end of current period .....	.....

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Government, Schedules D & DA (Group 1)											
1.1	Class 1											
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS											
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1											
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS											
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1								X X X	X X X		
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c).....		X X X	X X X		
10.6 Class 6						(c).....		X X X	X X X		
10.7 TOTALS						(b).....		X X X	X X X		
10.8 Line 10.7 as a % of Column 6							X X X	X X X	X X X		
11. Total Bonds Prior Year											
11.1 Class 1						X X X	X X X				
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c).....			
11.6 Class 6						X X X	X X X	(c).....			
11.7 TOTALS						X X X	X X X	(b).....			
11.8 Line 11.7 as a % of Col. 8						X X X	X X X		X X X		
12. Total Publicly Traded Bonds											
12.1 Class 1											X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS											X X X
12.8 Line 12.7 as a % of Col. 6							X X X	X X X	X X X		X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 ..							X X X	X X X	X X X		X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 ..							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations											
1.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7 TOTALS											
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 TOTALS											
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS											
4. Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 TOTALS											
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS											
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations .....								... X X X ...	... X X X ...		
10.2 Single Class Mortgage-Backed/Asset-Backed Securities .....								... X X X ...	... X X X ...		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined .....								... X X X ...	... X X X ...		
10.4 Other .....								... X X X ...	... X X X ...		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined .....								... X X X ...	... X X X ...		
10.6 Other .....								... X X X ...	... X X X ...		
10.7 TOTALS .....								... X X X ...	... X X X ...		
10.8 Line 10.7 as a % of Column 6 .....							... X X X ...	... X X X ...	... X X X ...		
11. Total Bonds Prior Year											
11.1 Issuer Obligations .....						... X X X ...	... X X X ...				
11.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						... X X X ...	... X X X ...				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined .....						... X X X ...	... X X X ...				
11.4 Other .....						... X X X ...	... X X X ...				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined .....						... X X X ...	... X X X ...				
11.6 Other .....						... X X X ...	... X X X ...				
11.7 TOTALS .....						... X X X ...	... X X X ...				
11.8 Line 11.7 as a % of Column 8 .....						... X X X ...	... X X X ...		... X X X ...		
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations .....											... X X X ...
12.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											... X X X ...
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined .....											... X X X ...
12.4 Other .....											... X X X ...
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined .....											... X X X ...
12.6 Other .....											... X X X ...
12.7 TOTALS .....											... X X X ...
12.8 Line 12.7 as a % of Column 6 .....							... X X X ...	... X X X ...	... X X X ...		... X X X ...
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10 .....							... X X X ...	... X X X ...	... X X X ...		... X X X ...
13. Total Privately Placed Bonds											
13.1 Issuer Obligations .....										... X X X ...	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities .....										... X X X ...	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined .....										... X X X ...	
13.4 Other .....										... X X X ...	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined .....										... X X X ...	
13.6 Other .....										... X X X ...	
13.7 TOTALS .....										... X X X ...	
13.8 Line 13.7 as a % of Column 6 .....							... X X X ...	... X X X ...	... X X X ...	... X X X ...	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10 .....							... X X X ...	... X X X ...	... X X X ...	... X X X ...	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	6,976,828			6,976,828	
2.	Cost of short-term investments acquired					
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments	6,976,828			6,976,828	
7.	Book/adjusted carrying value, current year					
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)					
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)					
12.	Income collected during year					
13.	Income earned during year					

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

45 Schedule DB Part A Verification - NONE

45 Schedule DB Part B Verification - NONE

46 Schedule DB Part C Verification - NONE

46 Schedule DB Part D Verification - NONE

46 Schedule DB Part E Verification - NONE

47 Schedule DB Part F Sn 1 - Sum Replicated Assets - NONE

48 Schedule DB Part F Sn 2 - Recon Replicated Assets - NONE

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999	Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
0799999 Totals - Life, Annuity and Accident and Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates												
66346	58-0828824 ...	10/01/2002	MUNICH AMERICAN REASSUR CO	Miami, Fl	ASL/A .....	..... 141,487	.....	.....	.....	.....	.....	.....
0199999 Total - Affiliates .....						..... 141,487	.....	.....	.....	.....	.....	.....
0399999 Totals .....						..... 141,487	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
1199999	Totals (General Account and Separate Accounts combined) .....			.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	141	239	369	483	90
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses				27,532	19,202
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable				42	495
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	8,382,398		8,382,398
2. Accident and health premiums due and unpaid (Line 12)			
3. Amounts recoverable from reinsurers (Line 13.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	424,027		424,027
6. Total assets (Line 26)	8,806,425		8,806,425
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,198,936		1,198,936
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	166,426		166,426
12. Total liabilities (Line 22)	1,365,362		1,365,362
13. Total capital and surplus (Line 30)	7,441,063	X X X	7,441,063
14. Total liabilities, capital and surplus (Line 31)	8,806,425		8,806,425
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 52619 ..	.. 38-3128143 ..	COMMUNITY CARE PLAN ..	.....	.....	.....	..... (3,377,399)	.... (2,360,999)	.....	.....	.....	.... (5,738,398)	.....
... 0000 ...	.. 38-0593405 ..	Metropolitan Hospital ..	.....	.....	.....	..... 3,377,399	.... 2,360,999	.....	.....	.....	.... 5,738,398	.....
9999999 Totals ..			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	Yes
7. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
8. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
9. Will Management's Discussion and Analysis be filed by April 1?	No
10. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
11. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
12. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



526192003360000002003Document Code: 360

Health Life Supplement



526192003205000002003Document Code: 205

Health Property / Casualty Supplement



526192003207000002003Document Code: 207

Management's Discussion & Analysis of Operations



526192003350000002003Document Code: 350

LTC Experience Reporting Form C



526192003330000002003Document Code: 330

OVERFLOW PAGE FOR WRITE-INS

LS1 Life Supplement Title Page - NONE

LS2 Exhibit 5 - Aggregate Reserve for Life - NONE

LS3 Exhibit 5 - Interrogatories - NONE

LS4 Exhibit 7 - Deposit Type Contracts - NONE

LS5 Schedule S - Part 1 - Section 1 - NONE

LS6 Schedule S - Part 3 - Section 1 - NONE

OVERFLOW PAGE FOR WRITE-INS

PS1	Property Supplement Title Page -	NONE
PS2	Schedule F Part 1 Assumed Reinsurance -	NONE
PS3	Schedule F Part 3 Ceded Reinsurance -	NONE
PS4	Schedule P - Part 1 Summary -	NONE
PS5	Schedule P - Part 1A -	NONE
PS6	Schedule P - Part 1B -	NONE
PS7	Schedule P - Part 1C -	NONE
PS8	Schedule P - Part 1D -	NONE
PS9	Schedule P - Part 1E -	NONE
PS10	Schedule P - Part 1F Sn 1 -	NONE
PS11	Schedule P - Part 1F Sn 2 -	NONE
PS12	Schedule P - Part 1G -	NONE
PS13	Schedule P - Part 1H Sn 1 -	NONE
PS14	Schedule P - Part 1H Sn 2 -	NONE
PS15	Schedule P - Part 1I -	NONE
PS16	Schedule P - Part 1J -	NONE
PS17	Schedule P - Part 1K -	NONE
PS18	Schedule P - Part 1L -	NONE
PS19	Schedule P - Part 1M -	NONE
PS20	Schedule P - Part 1N -	NONE
PS21	Schedule P - Part 1O -	NONE

PS22	Schedule P - Part 1P -	NONE
PS23	Schedule P - Part 1R Sn 1 -	NONE
PS24	Schedule P - Part 1R Sn 2 -	NONE
PS25	Schedule P - Part 1S -	NONE
PS26	Schedule P - Part 2 Summary -	NONE
PS27	Schedule P - Part 2A -	NONE
PS27	Schedule P - Part 2B -	NONE
PS27	Schedule P - Part 2C -	NONE
PS27	Schedule P - Part 2D -	NONE
PS27	Schedule P - Part 2E -	NONE
PS28	Schedule P - Part 2F Sn 1 -	NONE
PS28	Schedule P - Part 2F Sn 2 -	NONE
PS28	Schedule P - Part 2G -	NONE
PS28	Schedule P - Part 2H Sn 1 -	NONE
PS28	Schedule P - Part 2H Sn 2 -	NONE
PS29	Schedule P - Part 2I -	NONE
PS29	Schedule P - Part 2J -	NONE
PS29	Schedule P - Part 2K -	NONE
PS29	Schedule P - Part 2L -	NONE
PS29	Schedule P - Part 2M -	NONE
PS30	Schedule P - Part 2N -	NONE
PS30	Schedule P - Part 2O -	NONE
PS30	Schedule P - Part 2P -	NONE
PS31	Schedule P - Part 2R Sn 1 -	NONE
PS31	Schedule P - Part 2R Sn 2 -	NONE
PS31	Schedule P - Part 2S -	NONE
PS32	Schedule P - Part 3 Summary (Work Paper) -	NONE
PS33	Schedule P - Part 3A (Work Paper) -	NONE
PS33	Schedule P - Part 3B (Work Paper) -	NONE
PS33	Schedule P - Part 3C (Work Paper) -	NONE
PS33	Schedule P - Part 3D (Work Paper) -	NONE
PS33	Schedule P - Part 3E (Work Paper) -	NONE
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PS34	Schedule P - Part 3F Sn 2 (Work Paper) -	NONE
PS34	Schedule P - Part 3G (Work Paper) -	NONE
PS34	Schedule P - Part 3H Sn 1 (Work Paper) -	NONE
PS34	Schedule P - Part 3H Sn 2 (Work Paper) -	NONE
PS35	Schedule P - Part 3I (Work Paper) -	NONE
PS35	Schedule P - Part 3J (Work Paper) -	NONE
PS35	Schedule P - Part 3K (Work Paper) -	NONE
PS35	Schedule P - Part 3L (Work Paper) -	NONE
PS35	Schedule P - Part 3M (Work Paper) -	NONE
PS36	Schedule P - Part 3N (Work Paper) -	NONE
PS36	Schedule P - Part 3O (Work Paper) -	NONE
PS36	Schedule P - Part 3P (Work Paper) -	NONE
PS37	Schedule P - Part 3R Sn 1 (Work Paper) -	NONE
PS37	Schedule P - Part 3R Sn 2 (Work Paper) -	NONE
PS37	Schedule P - Part 3S (Work Paper) -	NONE

OVERFLOW PAGE FOR WRITE-INS

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